PASSF

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1.30 22155

ŞEPA Notification of Hazardous Waste Site

6-8-81

United States
Environmental Protection
Agency Washington DC 20460

This initial notification information is required by Section 103(c) of the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 and must be mailed by June 9, 1981.

Form Approved OMB No. 2000 0138

Please type or print in ink. If you need additional space, use separate sheets of 810608 WAS000001207

Α	Person Required to Notify:		DAGIN D	TODOGAT TNO			
	Enter the name and address of the person or organization required to notify.		Name BASIN DISPOSAL INC. Street 1210 S. GREY (P.O. BOX650)				
			City PASCO		State WAS	H. Zip Code 2239	1 99
3	Site Location: Enter the common name (if known) and actual location of the site. 7540010089		Name of Site RESO	RCE RECOVER	Y CORP.	PASCO Lan	J Fr
			Street 5501 AIRPORT WAY SOUTH KANLOTUS Rd City STATTLE County KINC State WASH Zip Code 9930				
A							
C	Person to Contact: Enter the name, title (if applicable), and business telephone number of the person to contact regarding information submitted on this form.			DIETP	1011	PANAVA	
			Name (Last, First and Title) DIETRICH, LEONAY & Phone 509 547-2476				
D	Dates of Waste Handling:		-				
	Enter the years that you estimate waste treatment, storage, or disposal began and		From (Year) 72	To (Year) 80			
	ended at the site.		111				
-	Manta Tunas Change the enti	00 110111 00	ofer to complete				
Ε	Waste Type: Choose the opti	ou you pr	efer to complete				
Ε	Waste Type: Choose the opti Option I: Select general waste t you do not know the general wa encouraged to describe the site	ypes and so	ource categories. If	Option 2: This o Resource Conser regulations (40 C	vation and Recov	to persons familiar w ery Act (RCRA) Section	on 3001
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	Notification of Hazardous Waste Site	Side Two					
F	Waste Quantity Place an X in the appropriate boxes to indicate the facility types found at the site. In the "total facility waste amount" space give the estimated combined quantity (volume) of hazardous wastes at the site using cubic feet or gallons. In the "total facility area" space, give the estimated area size which the facilities	Facility Type 1. Piles 2. Land Treatment 3. Landfill 4. Tanks 5. Impoundment 6. Underground Injection 7. Drums, Above Ground	Total Facility Waste cubic feet gailons Total Facility Area square feet	Amount			
	occupy using square feet or acres.	8. Drums, Below Ground 9. Other (Specify)					
G	Known, Suspected or Likely Releases to the Environment:						
	Place an X in the appropriate boxes to indica or likely releases of wastes to the environme		☐ Known ☐ Suspecte	d 🗆 Likely 🔏 None			
	Note: Items Hand I are optional. Completing hazardous waste-sites. Although completing	y these items will assist EPA and State g the items is not required, you are end	and local governments in l couraged to do so	ocating and assessing			
Н	Sketch Map of Site Location: (Optional Sketch a map showing streets, highways, routes or other prominent landmarks near the site. Place an X on the map to indicate the site location. Draw an arrow showing the direction north. You may substitute a publishing map showing the site location.	ai) -					
ı	Description of Site: (Optional) Describe the history and present conditions of the site. Give directions to the site and describe any nearby wells, springs, lakes, or housing. Include such information as now waste was disposed and where the waste came from. Provide any other information or comments which may help describe the site conditions.			-			
J	Signature and Title: The person or authorized representative (such as plant managers, superintendents,	Name LEONARD DIETRIC	en e	☐ Owner, Present ☐ Owner, Past			

[FR Doc. 81-11500 Filed 4-14-81: 8:43 am]

RESPONDENT CONTACT RECORD (RCR) FACILITY ID NUMBER COMPANY NAME **COMPANY ADDRESS** CITY STATE ABBREV. ZIP CODE CONTACT PERSON'S NAME/TITLE TELEPHONE NUMBER (INCLUDE AREA CODE) **CONTACT RECORD** CONTRACTOR'S INITIALS ITEMS DISCUSSED/RESOLUTION DATE